## 2003 FOR PROFIT CORPORATION

FILED Feb 28, 2003 8:00 am Secretary of State

UN	IFORM BUSINE	:99 KEPUK	1 //	JDNJ	02-12-2003 90113 018 ****150.00
DOCUMENT # P02000110676  1. Entity Name N & M EXPORT AND IMPORT, INC.					
Principal Place of Business 8565 SW 152ND AVE. #120 MIAMI FL 33193		Mailing Address 8565 SW 152ND AVE. #120 MIAMI FL 33193			
2. Principal Place of Business		3. Mailing Address		<del></del>	O LOBRILLEN (IL BIRINO 1181) ANDITI DOLLI DOLLI DIRICI 11881 ILLEVI BOLLE OLI LI LIBORO DILI PERI I
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State		City & State			4. FEI Number Applied For 52 - 23 8 2 7 5 4 Not Applicable
Zip Country		Zip			5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7/ Name and Address of New Registered Agent —
	. Thus your server - The	- · · · · · · · · · · · · · · · · · · ·	-	-Name	
MONTES, NIEVES T 8565 STY, 152ND AVE. #120 MIAMI FL 33193			*	Street Address (I	P.O. Box Number is Not Acceptable)
				City	FL Zip Code
8 The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.				•	1 1,3
SIGNATURE .	Mienes Mo	ntel	E: Berittere	d Agent signature required	OJ/10/09 DATE
	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00	and the e applicable.		a regent and institute reduced	
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PTD	☐ Delete	TITLE		Change Addition
NAME	MONTES, NIEVES T		NAM	ET ADDRESS	<del> </del>
STREET ADDRESS City-St-Zip	8565 SW 152ND AVE. #120 MIAMI FL 33193		-	-ST-ZIP	8
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40	autiful that the information of partial solds	this filing does not qualify fo	the eve	motion stated in Se	ction 119 07/3Vi). Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VELOCULAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT